

Hazardous Waste Compliance Monitoring and Enforcement Log

RECEIVED

AUG 04 2003
FORM



BUREAU OF WASTE MANAGEMENT

Handler

ID Number **K S D 9 8 1 7 1 2 8 5 4**

LDF () TSD () GEN () KG (X) SQ () NOT A GEN ()
HWB () UOM () UOB () HWT ()

Handler Name: **Sabreliner Corporation**

COMPLAINTS RCRA INFO
FAC TRACKING

Street: 101 Freedom Drive

City: Independence

County: Montgomery

EVALUATION

New ☐

Followup: Date (on site)

Date (of letter)

M M D D Y Y
0 8 0 1 0 3

Delete ☐

Date M M D D Y Y
0 5 1 9 0 3

Agency **S**

Type **C S E**

Reason **0 1**

Person **V S O**

District **S E**

Areas of Evaluation (EV - Evaluated, NE - Not Evaluated, NA - Not Applicable)

Generator

GER	N	A	GPT	N	A
GGR	E	V	GRR	N	A
GLB	N	A	GSC	N	A
GMR	N	A	GSQ	N	A
GOR	N	A			

Transporter

TGR		
TMR		
TOR		
TRR		
TWD		

Treatment/Storage/Disposal Facility

DCH		
DCL		
DCP		
DFR		
DGS		

DGW			DMC			DPP		
DIN			DMR			DSI		
DLB			DOR			DTR		
DLF			DOT			DTT		
DLT			DPR			DWP		

Other

BRR		
CAS		
CSS		
FEA		
ILD		

423943



RCRA RECORDS

Used Oil UOM ☐ UOB ☐ UOT ☐ UOP ☐

COMMENTS

VIOLATION # **1**

Date Determined M M D D Y Y
0 5 1 9 0 3

New ☐ Change ☒ Delete ☐ Comments ☐

Agency **S** Number **000000** Area **GGR** Class **2** Priority **1** Type **S R**

Regulation Citation: **K.A.R. 28-31-4(c)(1)**

Description: **Inaccurate notification -** Returned to Compliance

facility name, facility mailing

address, and installation

contact.

Sch'd M M D D Y Y
0 6 0 9 0 3
Actual M M D D Y Y
0 6 0 9 0 3

VIOLATION #

Date Determined M M D D Y Y

New ☐ Change ☐ Delete ☐ Comments ☐

Agency **S** Number **000000** Area **000** Class **0** Priority **1** Type **S R**

Regulation Citation:

Description: Returned to Compliance

Sch'd M M D D Y Y

Actual M M D D Y Y

VIOLATION #

Date Determined M M D D Y Y

New ☐ Change ☐ Delete ☐ Comments ☐

Agency **S** Number **000000** Area **000** Class **0** Priority **1** Type **S R**

Regulation Citation:

Description: Returned to Compliance

Sch'd M M D D Y Y

Actual M M D D Y Y

VIOLATION #

Date Determined M M D D Y Y

New ☐ Change ☐ Delete ☐ Comments ☐

Agency **S** Number **000000** Area **000** Class **0** Priority **1** Type **S R**

Regulation Citation:

Description: Returned to Compliance

Sch'd M M D D Y Y

Actual M M D D Y Y

Sabreliner Corporation



K A N S A S

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

August 1, 2003

John Heathman
Sabreliner Corporation
101 Freedom Drive
Independence, KS 67301

RE: Hazardous Waste Compliance Inspection, Sabreliner Corporation, 101 Freedom Drive, Montgomery County, Independence, EPA Identification No.: KSD 981 712 854

Dear Mr. Heathman:

I received your facsimile dated June 9, 2003, documenting the action taken to correct the violation cited on the Notice of Non-Compliance issued at the close of the referenced inspection. Based on the information in your facsimile, the violation is considered corrected.

Please be aware that a report of the inspection is submitted to the Bureau of Waste Management (BWM) in Topeka. Each report is reviewed and evaluated to determine if additional enforcement is warranted. A penalty may be issued by BWM for violations identified during this inspection.

Your cooperation with the waste management program is appreciated. If you have any questions regarding the inspection or the above information, please call me at 620/431-2390.

Sincerely,

Victoria S. O'Brien, CHMM
Environmental Technician
Bureau of Environmental Field Services

VSO:pc

cc: John Mitchell, BWM, Topeka
Mark Duncan, BWM, Topeka
SEDO

DIVISION OF ENVIRONMENT

Bureau of Environmental Field Services

Southeast District Office, 1500 West Seventh, Chanute, KS 66720

Telephone 620-431-2390 Fax 620-431-1211 <http://www.kdhe.state.ks.us>

Printed on Recycled Paper

**SABRELINER
CORPORATION****FACSIMILE COVER PAGE**Date: 9-JUNE 03Total Pages: 5
(Including Cover Page)To: VICTORIA S. O'BRIEN

Company: _____

Telephone No.: _____

Fax No. _____

From: JOHN HEATHMAN
Sabreliner Corporation
101 Freedom Drive
Independence, Ks. 67301Phone: (620)331-8180
Fax No: (620)331-6426

Message:

SORRY IT TOOK SO LONG!

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW.

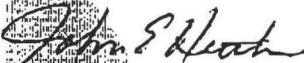
If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Thank you.

Memorandum

To: Victoria S. O'Brien CHMM
CC: S. Thompson
From: John Heathman
Date: 06/09/03
Re: Response Site Visit 19 May 2003

In response to your notification of 19 May, please find attached a completed form 8700-12, correcting the deficiencies noted during your visit. I thank you for your patience and advice.

Sincerely,



John E. Heathman

CONFIDENTIAL

MAIL COMPLETED

8700-12 FORM TO:

KDHE-BWM

1000 SW Jackson, Suite 320,
Topeka, KS 66612-1366

Kansas Department of Health and Environment

Notification of Regulated Waste Activity

(RCRA SUBTITLE C SITE IDENTIFICATION FORM)

1. Reason for Submittal (See page 3
of the instructions)

MARK ALL BOX(ES) THAT APPLY

Reason for Submittal:

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update information)
- ☐ As a component of a FIRST-RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a REVISED-RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of the Hazardous Waste Report

2. Site EPA ID Number (See page 3
of the instructions)

EPA ID Number:

KSD 981712854

3. Site Name (See page 3 of the
instructions)

Name:

SABRELINER CORPORATION

4. Site Location Information (See
page 3 of the instructions)

Street Address:

101 FREEDOM DRIVE

City or Town: INDEPENDENCE

State: KS

County Name: MONTGOMERY

Zip Code: 67301

5. Site Land Type (See page 3 of the
instructions)

Site Land Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal
☐ State ☐ Other

6. North American Industry
Classification System (NAICS)
Code(s) for the Site (See page 4
of the instructions)

A.

336412

B.

C.

D.

7. Site Mailing Address (See page 4
of the instructions)

Street or P. O. Box:

101 FREEDOM DRIVE

City or Town: INDEPENDENCE

State: KANSAS

Country: MONTGOMERY

Zip Code: 67301

8. Site Contact Person (See page 4 of
the instructions)

First Name: JOHN

MI: E.

Last Name: HEATHMAN

Phone Number &

Extension: 1-620-331-8180

Email Address:

jheathman@
sabreliner.com9. Legal Owner and Operator of the
Site (See page 5 of the
instructions)

A. Name of Site's Legal Owner:

SABRELINER CORPORATION

Date Became Owner (mm/dd/yyyy):

28 SEPTEMBER 1992

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal
☐ State ☐ Other

B. Name of Site's Operator:

SABRELINER CORPORATION

Date Became Operator (mm/dd/yyyy)

28 SEPTEMBER 1992

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal
☐ State ☐ Other

Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See pages 6-9 of the instructions)

Hazardous Waste Activities

1. Generator of Hazardous Waste

(Choose only one of the following three classifications)

- ☐ a. EPA: 1,000 kg/mo (2,200 lbs in any single mo.) or more of non-acute hazardous waste, greater than 1 kg of acute hazardous waste;
or
- ☒ b. KSG Sub-Class 1: 100 kg or more and less than 1,000 kg (220 - 2,200 lbs in any single mo.) of non-acute hazardous waste;
or
- ☐ c. KSG Sub-Class 2: 25 kg or more and less than 100 kg (55 - 220 lbs in any single mo.) of non-acute hazardous waste;
or
- ☐ d. SQG: Less than 25 kg/mo (55 lbs/mo.) of non-acute hazardous waste

For Items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
- ☐ 5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

Universal Waste Activities

Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to Kansas regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Mark all boxes that apply.)

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

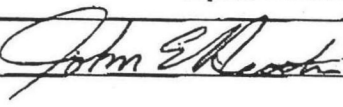
11. Description of Hazardous Wastes (See page 9 of the instructions)

Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D003	F002	F004		

12. Comments (See page 9 of the instructions)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See page 9 of the instructions)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	JOHN E. HEATHMAN - ENGINEER	6-29-03

RETURN COMPLETED 8700-12 FORM TO:

KDHE-BWM
1000 SW JACKSON, SUITE 320
TOPEKA, KANSAS 66612-1366